



## Audit Request Form

### **Contact Info**

Company Name:

Name:

Title:

Phone:

Email:

- **Are you responsible for safety at your company?**
- **Is safety your full-time job?**
- **How many hours a week do you apply to safety related tasks?**

### **Company Information**

Address:

City, State, Zip:

Website Address:

Phone/Fax:

If Branch Location:

Main Office:

Address:

City, State, Zip:

Phone/Fax:

- **What geographic area does your company cover?**
- **How many does your company currently employ?**

### **Company Safety Information**

Does your company currently have a written safety and health policy?

In your opinion, do your company's actual safety practices match your safety and health policy?

Please explain.

Does your company currently hold any regularly scheduled safety events or training?

If so, briefly describe (nature, goals, frequency and the employees that are required to attend).